

Effective November 10, 1998





| CLAIMS AS FILED - PART I | | | | | | | | | SMALL ENTITY | | | OTHER THAN | |
|---|---|--------------|---------------------------------|-----------------|--------|--|------------------|--------|--------------------|------------------------|--------|---------------------|------------------------|
| | | | (Column 1) | | | (Column 2) | | | TYPE | | OR | SMALL | ENTITY |
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | | | | 380.00 | OR | | 760.00 |
| TOTAL CLAIMS | | | / minus 20= | | | * | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | ∠ minus 3 = | | | * 1 | | | X39= | | OR | X78= | 28 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +130= | | OR | +260= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | L | TOTAL | | OR | TOTAL | 888 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | • | OTHER | THAN |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | SMALL | ENTITY | OR | SMALL | |
| AMENDMENT A | ۰ | REM AF | AIMS AINING TER IDMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * 3 | 6 | Minus | ** | 20 | =/6 | | X\$ 9= | | OR | X\$18= | 288 40 |
| AME | Independent | * / | 4 | Minus | *** | <u> </u> | = 10 | | X39= | | OR | X78= | 860 00 |
| | FIRST PRESE | NIAIIC | IN OF MI | JLIIPLE DE | PENL | DENT CLAIM | | | +130= | | OR | +260= | |
| | | | | | | | | L | TOTAL | | | TOTAL | |
| | | | | | | | | A | ADDIT. FEE | | | ADDIT. FEE | |
| | · | | umn 1) AIMS | <u> </u> | | Column 2) HIGHEST | (Column 3) | | | | | | |
| AMENDMENT B | | REM AF | AINING FTER IDMENT | | Pf | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * / | 8 | Minus | ** | 34 | = | | X\$ 9= | | OR | ·X\$18= | / |
| AME | Independent | <u> </u> * - | 7 | Minus | *** | | = | | X39= | | OR | X78= | |
| _ | FIRST PRESE | NTATIC | ON OF MU | JLTIPLE DE | PEN | DENT CLAIM | | ┢ | | | Ŭ., | | |
| | | | | | | | | L | +130= | | OR | +260= | |
| | | | | | | | | A | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Colu | umn 1) | | (C | Column 2) | (Column 3) | | | | | | |
| AMENDMENT C | 7 | REM AF | AIMS AINING TER IDMENT | o° | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | | Minus | *** | | = | r | X39= | | ı | X78= | |
| _ | FIRST PRESE | NTATIC | N OF MU | JLTIPLE DEI | PEND | ENT CLAIM | | ┢ | 7.00- | | OR | 7110- | |
| * I | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | +130= | | OR | +260= | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | | | | |
| • | The "Highest Num | nber Prev | iously Pai | d For" (Total o | r Inde | pendent) is the | highest number | r four | nd in the app | ropriate box | in col | umn 1. | |